

**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS**

<b>LAURIE GILBERT,</b>	)
Plaintiff,	)
v.	)
<b>JOHN HEGGARTY and TIMOTHY DUBE</b>	)
<b>Defendants.</b>	)

**DEFENDANTS' MOTION FOR SANCTIONS FOR PLAINTIFF'S  
FRAUDULENT SUBMISSION OF MEDICAL EXPENSES**

The Defendants, John Heggarty and Timothy Dube, hereby move, pursuant to F.R.Civ.P. 37 for the Court to impose numerous sanctions against the Plaintiff for the Plaintiff's fraudulent disclosure and submission of medical expenses. As grounds for this Motion, the Defendants state as follows:

1. In their First Request for the Production of Document to the Plaintiff, the Defendant also requested the following:

Complete and itemized copies of any and all medical bills incurred by you or on behalf of you with regard to all injuries alleged to have been suffered by you and for which you are seeking recovery from the Defendants, from the date of each injury until the date such documents are produced.

See Exhibit 1.

2. The Plaintiff subsequently produced a summary of medical expenses in response to this Request.
3. The summary of medical expenses contained expenses for numerous dates for which the Defendant had not received any medical reports from the Plaintiff. A true copy of the Plaintiff's summary of medical expenses is attached hereto as Exhibit 2.

4. By letter dated July 31, 2006, the Defendants requested Plaintiff's medical reports for dates on which she had submitted medical expenses.

A true copy of the Defendants' July 31, 2006 letter is attached hereto as Exhibit 3.

5. At the pre-trial conference on August 23, 2006, Plaintiff's counsel provided Defendants' counsel with some of the requested medical reports
6. Many of the medical visits for which medical expenses were provided in response to the Defendants' request are clearly not related to "injuries alleged to have been suffered by [the Plaintiff] and for which [the Plaintiff is] seeking recovery from the Defendants."
7. The medical reports that correspond with the Plaintiff's medical expenses and which are clearly not related "to injuries alleged to have been suffered by [the Plaintiff] and for which [the Plaintiff is] seeking recovery from the Defendants" are as follows:
  - a) January 21, 2003 – Visit concerning checks for moles. A true copy of the Plaintiff's medical report for January 21, 2002 is attached hereto as Exhibit 4.
  - b) April 28, 2003 – Visit relating to sore throat and ear pain (pharyngitis). A true copy of the Plaintiff's medical report for April 28, 2003 is attached hereto as Exhibit 5
  - c) April 25, 2004 – Emergency room visit relating to dental pain (cavities). True copies of Plaintiff's medical records for April 25, 2004 emergency room visit are attached hereto as Exhibit 6
  - d) May 26, 2004 – Emergency room visit relating to anxiety attack suffered due to her son being in critical condition following a narcotic drug overdose. True copies of the Plaintiff's May 26, 2004 medical records are attached hereto as Exhibit 7.

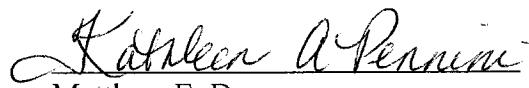
- e) June 8, 2004 – Emergency room visit relating to a shoulder injury caused while walking her dog. True copies of Plaintiff's medical records for her June 8, 2004 emergency room visit are attached hereto as Exhibit 8.
  - f) July 5, 2004 – Emergency room visit relating to a shoulder injury caused while walking her dog. True copies of Plaintiff's medical records for her July 5, 2005 emergency room visit are attached hereto as Exhibit 9.
  - g) August 30, 2004 – Emergency room visit relating to dental pain. True copies of the Plaintiff's medical records for her August 30, 2004 emergency room visit are attached hereto as Exhibit 10.
  - h) August 31, 2004 – Emergency room visit relating to dental pain (dry socket). True copies of Plaintiff's medical records for her August 31, 2004 emergency room visit are attached hereto as Exhibit 11.
8. The Plaintiff engaged in fraudulent conduct by submitting medical expenses for the above-referenced medical issues which are clearly not related to the litigation in an attempt to perpetrate a fraud upon the Defendants and this Court.

Wherefore, the Defendants, John Heggarty and Timothy Dube, hereby move that the Court impose the following sanctions on the Plaintiff:

- a) An Order dismissing this action in its entirety due to the Plaintiff's intentional and deliberate fraudulent conduct;
- b) An Order dismissing the action in its entirety due to the Plaintiff's intentionally misleading disclosures to the Defendants.

- c) An Order requiring the Plaintiff to pay reasonable attorney's fees and expenses incurred by her submission of fraudulent medical expenses to the Defendants;
- d) An Order requiring the Plaintiff to pay reasonable attorney's fees and expenses incurred by her submission of fraudulent medical expenses to the Defendants and the costs associated with reviewing such medical documents and the motion to compel the production of such documents;
- e) An Order prohibiting the Plaintiff from denying that she intentionally disclosed false and misleading medical expenses to the Defendants;
- f) Inform the jury of the Plaintiff's intentional fraudulent conduct in making such disclosures.

Respectfully Submitted,  
For the Defendants,  
**JOHN HEGGARTY and TIMOTHY  
DUBE,**  
By their attorneys,

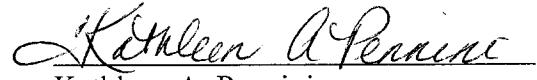
  
Matthew E. Dwyer  
BBO #139840  
Kathleen A. Pennini  
BBO # 654573  
Dwyer, Duddy and Facklam  
Attorneys at Law, P.C.  
Two Center Plaza, Suite 430  
Boston, MA 02108  
617-723-9777

Date: August 30, 2006

**CERTIFICATE OF SERVICE**

I, Kathleen A. Pennini, do hereby certify that a true copy of the foregoing document has been served via electronic filing, facsimile, and first class mail, postage prepaid, this 30<sup>th</sup> day of August 2006, upon:

Richard N. Foley, Esquire  
414 State Street  
Portsmouth, NH 03801

  
Kathleen A. Pennini

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**UNITED STATES DISTRICT COURT  
DISTRICT OF MASSACHUSETTS**

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<b>LAURIE GILBERT,</b> Plaintiff, v. <b>JOHN HEGGARTY and TIMOTHY DUBE,</b> Defendants.	) ) ) ) ) ) )	05-10746-RWZ
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**DEFENDANTS' FIRST REQUEST FOR  
PRODUCTION OF DOCUMENTS TO PLAINTIFF LAURIE GILBERT**

The Defendants, John Haggarty and Timothy Dube request, pursuant to Federal Rules of Civil Procedure Rule 34, that the Plaintiff, Laurie Gilbert produce for inspection and copying the following documents. The plaintiff, at his/her option may comply with the request by mailing copies of the requested documents to the undersigned counsel on or before the thirtieth day following service of this request. Defendants also request that the Plaintiff Laurie Gilbert also make a written response to these requests pursuant to Rule 34.

**Definitions and Instructions**

**I. INSTRUCTIONS**

A. If a privilege is asserted as a ground for not responding to an Interrogatory in whole or in part, describe the factual basis for the claim of privilege in sufficient detail as to permit the Court to adjudicate the validity of the claim of privilege.

B. As to any document which is not in your possession or subject to your control, but which you know to exist, identify such document and indicate to the best of your ability its present or last known location and custodian.

C. Where a document is supplied in response to an Interrogatory, set forth by number and subsection the Interrogatory to which it is supplied.

**II. DEFINITIONS**

A. "Plaintiff" or "you" means Laurie Gilbert, her attorneys and agents.

B. "Defendants" means: John Haggarty and Timothy B. Dube.

C. "Complaint" means the complaint filed with the Essex County Superior Court and removed to the United States District Court for the District of Massachusetts in the above-captioned matter.

D. "Document" means any written, printed, typed, recorded, filmed, photographed or graphic matter, whether produced on paper, cards, tapes, film, electronic facsimile, computer storage devices or other medium, including, but not limited to, employment records, personnel files, letters, memoranda, notes, minutes, records, recordings, audio tapes, photographs, video tapes, transcripts, correspondence, telegrams, bookkeeping entries, financial statements, cash receipt summaries, tax returns, checks, check stubs, reports, studies, charts, graphs, notebooks, applications, agreements, contracts, books, pamphlets, periodicals, filings, directives, announcements, rulings, schedules, standards, instructions, manuals, desk calendars, appointment books, diaries, computer printouts, computer-stored records, electronic records, data processing program libraries, data processing input and output, computer memories and the like, including, but not limited to, originals, drafts, duplicates, excerpts and summaries, which are not identical to the original due to corrections, alterations, notations, deletions, markings, underscoring, the attachment or enclosure of other documents, exhibits, appendices or otherwise. "Document" also means every copy of such writing or record where the original is not in the possession, custody or control of the Plaintiff.

E. "Identify" or "identification" when used in reference to:

(i) A person who is a natural individual, means to state, to the extent known, his or her full name and present or last-known business and residential addresses, with the dates as to which the information was known specified, if present addresses are unknown;

- (ii) A person other than a natural individual, means to state, to the extent known, its full name, its present or last-known business address, and its nature or customary business description (e.g., partnership, corporation);
- (iii) A document, means to describe the nature (e.g., letter, handwritten notes, etc.) of the documents; its date; its contents; the identification of its author(s); addressee(s); and any recipients; its present location and custodian; and the manner and date of disposition of any document which once but is no longer in your possession or subject to your control.

F. Where a "date" is requested, it shall mean to provide the exact day, month and year; if such information cannot be ascertained, it shall mean to the best approximation.

G. The term "statement" shall mean an oral or written assertion.

H. The term "and" as well as "or" shall be construed either disjunctively or conjunctively as necessary to bring within the scope of the request all responses that might otherwise be construed to be outside its scope. The term "any" shall include the word "all", and "all" shall include the word "any."

#### **DOCUMENT REQUESTS**

1. Any and all medical records pertaining to any medical, psychological or psychiatric consultation or treatment sought or reviewed by you as a result of the events alleged in the complaint.

2. Complete and itemized copies of any and all medical bills incurred by you or on behalf of you with regard to all injuries alleged to have been suffered by you and for which you are seeking recovery from the Defendants from the date each injury was incurred until the date such documents are produced.

3. Any and all documents which evidence the amount of income loss or diminution of earning capacity that you have suffered, if any, and for which you are seeking recovery from the Defendants.
4. All documents which record or reflect any monetary losses for which you are seeking recovery from the Defendants in this matter.
5. All state and federal tax returns filed by you individually or jointly with another for years 2000 through the present.
6. All documents that concern, refer or relate in any way to your claims for damages as alleged in the complaint.
7. All documents which record or reflect your income and debts from January 1, 2002 through November 30, 2005.
8. Any and all documents that record or reflect communications between you and any other person (but not including your counsel) or governmental agency concerning, referring or relating in any way to the events alleged in the complaint.
9. Full and complete copies of any and all statements from any witnesses to any of the facts alleged in the complaint in this matter.
10. Any and all documents relating to any treatment of the ankle injury of Jason McLeod's referred to in your complaint
11. Any and all documents relating to criminal charges filed against you on or after March 18, 2002.
12. Any and all documents relating to the dismissal of criminal charges against you on or about April 26, 2002.

13. All documents concerning any arrest of you by the Lawrence Police Department or any officer thereof anytime prior to the filing of your complaint in this matter, i.e., March 16, 2005.
14. All and all documents concerning any arrest of you by any other law enforcement agency or official anytime prior to the filing of your complaint in this matter, i.e., March 16, 2005.
15. All documents concerning occasions on which you were held in the custody of the Lawrence Police Department or any officer thereof anytime prior to the filing of your complaint in this matter, i.e., March 16, 2005.
16. All documents concerning occasions on which you were held in the custody of any other law enforcement agency or official anytime prior to the filing of your amended complaint in this matter, i.e., March 16, 2005.
17. All documents which you referred to or relied upon in naming the defendants in this matter.
18. Any and all documents supporting your allegations that the Defendants fabricated evidence against you.
19. Any and all documents not covered by the above requests which you intend to rely upon in support of your allegations against the Defendants.
20. Any and all documents that were consulted or reviewed by you in answering your interrogatories.

Respectfully Submitted,  
For the Defendants,  
**JOHN HAGGERTY and TIMOTHY DUBE,**  
By their attorneys,

*Kathleen A. Pennini*

Matthew E. Dwyer  
BBO #139840  
Kathleen A. Pennini  
BBO # 654573  
Dwyer, Duddy and Facklam  
Attorneys at Law, P.C.  
Two Center Plaza, Suite 430  
Boston, MA 02108  
617-723-9777

Date: November 29, 2005

**CERTIFICATE OF SERVICE**

I, Kathleen A. Pennini, do hereby certify that a true copy of the foregoing document has been served via first class mail, postage prepaid, this 29<sup>th</sup> day of November 2005, upon:

Richard N. Foley, Esquire  
414 State Street  
Portsmouth, NH 03801.

*Kathleen A. Pennini*  
Kathleen A. Pennini

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D/A

**LAURIE J. GILBERT**  
03/18/02

**I. MEDICAL EXPENSES SUMMARY**

**Facility:** **LAKES REGION GENERAL HOSPITAL**  
**80 Highland Street**  
**Laconia, NH 03246**  
**Tel: (603) 524-3211**

<b>DOS</b>	<b>Treatment</b>	<b>Cost</b>
03/19/02	Emergency Room Visit	\$ 135.88 ✓
03/21/02	Emergency Room Visit	\$ 1,304.27 ✓
03/24/02	Emergency Room Visit - Ambulance	\$ 328.11 ✓
04/17/03	PT	\$ 263.90 X
05/01/03	PT	\$ 749.12 ✓
06/01/03	PT	\$ 795.02 ✓
04/25/04	ER	\$ 311.40 ✓
05/26/04	ER	\$ 321.75 ✓
06/08/04	ER	\$ 368.93 ✓
07/09/04	MRI	\$ 318.39 ✓
08/30/04	ER	\$ 1,521.00 ✓
08/31/04	ER	\$ 318.39 ✓
02/24/05	EFT	\$ 319.29 ✓
02/27/05	EFT	\$ 61.32 ✓
		<b>Subtotal</b> \$7,178.09

**Facility:** **RICHARD O'BRIEN, M.D.**  
**P.O. Box 1327**  
**Laconia, NH 03247**  
**Tel: (603)**

<b>DOS</b>	<b>Treatment</b>	<b>Cost</b>
12/06/02	Office Visit	\$ 124.00 ✓
01/07/03	Office Visit	\$ 68.00 ✓
01/21/03	Office Visit	\$ 50.00 ✓
03/24/03	Office Visit	\$ 68.00 ✓
04/28/03	Office Visit	\$ 68.00 ✓
05/06/03	Office Visit	\$ 68.00 ✓
06/05/03	Office Visit	\$ 68.00 ✓
06/26/03	Office Visit	\$ 107.00 ✓
07/14/03	Office Visit	\$ 68.00 ✓

07/24/03 Office Visit

\$ 50.00 ✓

Subtotal \$807.00

**Facility:** **WALMART - PRESCRIPTIONS**  
**39 East Main Street**  
**Tilton, NH 03276**  
**Tel: (603) 286-3480**

DOS	Treatment	Cost
02/13/03	Trazodone	\$ 12.54

Subtotal \$12.54

**Facility:** **FLOWER PHARMACY - PRESCRIPTIONS**  
**87 Spring Street**  
**Laconia, NH 03246**  
**Tel: (603) 524-4500**

DOS	Treatment	Cost
03/19/02 through 11/28/05	- Prescriptions	\$ 4,406.19
01/03/06 through 05/12/06	- Prescriptions	\$ 1,054.05

Subtotal \$5,460.24

**Facility:** **JAMES M. TRICE, M.D.**  
**ORTHOPEDIC PROFESSIONAL ASS.**  
**14 Maple Street, Suite 100**  
**Gilford, NH 03249**  
**Tel: (603) 528-9100**

DOS	Treatment	Cost
09/29/03	Office Visit	\$ 185.00
06/29/04	Office Visit	\$ 108.00

Subtotal \$293.00

**TOTAL MEDICAL EXPENSES** \$13,750.87

f

DWYER, DUDDY and FACKLAM  
ATTORNEYS AT LAW, P.C.

Two CENTER PLAZA, SUITE 430  
BOSTON, MASSACHUSETTS 02108-1804

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MATTHEW E. DWYER  
CHRISTINA C. DUDDY†  
PAUL M. FACKLAM, JR.  
KATHLEEN A. PENNINI  
BRIAN P. FOX  
†ALSO ADMITTED TO PRACTICE IN THE STATE OF MAINE

TEL 617-723-9777

FAX 617-227-8692

July 31, 2006

***VIA FACSIMILE (603) 433-1214 AND FIRST CLASS MAIL***

Richard N. Foley, Esquire  
414 State Street  
Portsmouth, NH 03801

**Re:** Gilbert v. Heggarty, et al.  
United States District Court  
C.A. No. 05-10746-RWZ

Dear Attorney Foley:

I have received a number of medical reports in response to the Defendants' Request for the Production of Documents. Nonetheless, it appears that medical reports are missing for a significant amount of medical visits for which the Plaintiff submitted medical expense information. Although the Plaintiff may contend that the visits for which no written reports were submitted are related to her arrest of March 18, 2002, the Defendants would not assent to the Plaintiff's self-serving characterizations, and demand to see such reports. As such, I respectfully request medical reports from the following dates:

**Lakes Region General Hospital:** (1) March 21, 2002; (2) March 24, 2002; (3) April 17, 2003; (4) May 1, 2003; (5) June 1, 2003; (6) July 1, 2003; (7) April 25, 2004; (8) May 26, 2004; (9) June 8, 2004; (10) July 9, 2004; (11) August 30, 2004; (12) August 31, 2004; and (13) February 25, 2005.

**Dr. Richard O'Brien:** (1) January 7, 2003; (2) January 21, 2003; (3) March 24, 2003; (4) April 28, 2003; (5) May 6, 2003; (6) July 14, 2003; and (7) July 24, 2003.

**Dr. James Trice:** (1) June 29, 2003

FED  
7-31-06  
10:30 AM  
Foley

DWYER, DUDDY and FACKLAM

Richard Foley  
July 31, 2006  
Page 2

The failure of the Plaintiff to submit these documents with the rest of her document request means that the Plaintiff has not complied with the Rule 34 request. As such, I will file a motion with the Court to compel the production of these documents if they have not been received by me by **August 14, 2006**.

In addition, I also request that more detailed billing statements be produced as the bills that were submitted by the Plaintiff in the document request. The bare bones billing summaries provided by the Plaintiff are insufficient to establish that such expenses are related to this litigation. As with the medical reports, I request that these documents be submitted by **August 14, 2006**.

Thank you for your attention to this matter.

Very truly yours,



Kathleen A. Pennini

cc: John Heggarty, LPD  
Timothy Dube, LPD

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January 21, 2003

Laurie Gilbert

DOB: 08/25/61

SUBJECTIVE: Here for a mold check. At her last visit, she and her husband failed to ask me about some nevi that she had. Her husband thought she had an unusual number of nevi.

OBJECTIVE: On examination, she has a few scattered nevi on the trunk, back, front and otherwise a couple on the extremities but nothing that are appearing dysplastic. She does have one rather dark nevus on the Rt breast. I asked her to schedule a biopsy to have that removed but I suspect it is probably going to be benign. But given its dark color that is dramatically different from the other nevi it appears wise to probably take it off.

PLAN: Just advised to be on the alert and observe for any other changes in any of the moles and were told what to look for. Also gave them a prescription.

/kdw

Richard O'Brien, M.D.

1/25/03 Chronic PMS

BP - 126/60

Precursor Lumps  
0.1 Block - pms

PMS

SADS III

Getting divorced  
Death of friend

Plan Management

April 28, 2003

Laurie Gilbert

DOB:

SUBJECTIVE: Here for a sore throat and Rt ear pain x 2 days. She also feels dizzy on and off. She has frequent bouts of a wetness sensation in her Rt ear. Water does get into her ear while showering. She has used Excedrin Migraine with minimal effect. She complains of a bilateral temporal headache. Smokes one pack of cigarettes per day. Denies cough or PND. Pt also believes she has TMJ and has been told that she grinds her teeth and clenches her jaw. She is in the process of getting a mouth guard.

PHYSICAL EXAMINATION: BP: 120/80. Temp: 99.1. No pallor, cyanosis, NAD. Rt ear canal and TM are pale with a small amount of clear fluid noted in the ear canal anterior to the TM. The TM is pearly gray in appearance and has a good light reflex. The LT TM: WNL. Nasal turbinates: somewhat erythematous and swollen. Pharynx: no acute erythema, exudate or edema. No cervical adenopathy. Neck: supple. She had minimal tenderness over the Rt TMJ. No maxillary or frontal sinus pain with palpation. Lungs: diminished air entry bilaterally but no wheezes, rales or rhonchi.

ASSESSMENT:      1) Pharyngitis.  
                      2) Rt OE.  
                      3) Low-grade fever.

PLAN: Drink plenty of clear liquids. Ibuprofen for TMJ and ear pain. Solution of alcohol and white vinegar eardrops. Smoking cessation advised. Advised mouth guard. Call if her symptoms do not improve or become worse over the next few days.

/kdw

Denise Naiva, ARNP



MAY 07 2003

**Lakes Region General Hospital - Emergency Department**

80 Highland Street, Laconia, NH. 03246

(603) 521-3211

Patient: Laurie Gilbert, Date: 04/25/2004 Time: 05:28

**Discharge Instructions**

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by DANIEL KALLMERTEN, MD.

**THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE**

Call as soon as possible to make an appointment to see your doctor in 2 days. You can reach your doctor by calling their clinic phone number.

Please return to the Emergency Department if your symptoms get worse.

**THIS INFORMATION IS ABOUT YOUR DIAGNOSIS****DENTAL CARIES (Cavities).**

Today the doctor has found that you have cavities. Parts of your teeth have started to decay. This will not heal by itself. Cavities get worse if not treated. You should see a dentist soon. We cannot treat cavities in the Emergency Department.

**Do the following to prevent and control cavities:**

- Brush your teeth often, especially after sugary meals and snacks.
- See your dentist regularly.
- Call as soon as possible to make an appointment to see a dentist.

**Call your dentist if you have:**

- increased pain.
- fever.
- any new or severe symptoms.

**THIS INFORMATION IS ABOUT YOUR MEDICINE**

\*BE SURE TO FOLLOW YOUR PHARMACIST'S INSTRUCTIONS AS THEY MAY VARY FROM THE INSTRUCTIONS BELOW\*

**OXYCODONE WITH ACETAMINOPHEN** (Percocet, Tylox, Roxicet).

Take this medicine by mouth in the following dose: 1 tablet every 4 hours if needed for pain.

This is a strong pain medicine. Side effects may include: sleepiness, dizziness, constipation (hard stools), dry mouth, upset stomach or blurred vision. Allergy would show up as: rash or itching, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

**Follow these instructions:**

- Talk with your doctor before taking other medicines (including over-the-counter medicines).
- Sit or stand slowly to avoid dizziness.
- Use gum, hard candy or ice chips for a dry mouth.
- Store this medicine away from heat, moisture or direct light.
- Take this medicine with food to avoid an upset stomach.
- Watch for signs of dependence. They include:
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.

Do not drink alcohol, drive or operate machinery while taking this medicine.

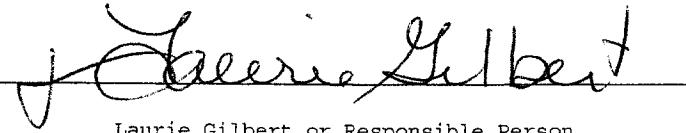
**Call your doctor if you have:**

- any sign of allergy.
- any sign of dependence.
- pain not helped by the pain medicine.
- any new or severe symptoms.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.**

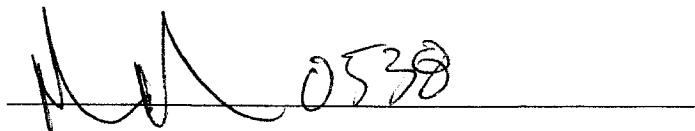
Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."



Laurie Gilbert or Responsible Person

Laurie Gilbert or Responsible Person has received this information and tells me that all questions have been answered.



RN Staff Signature \_\_\_\_\_

ACCOUNT NUMBER BIRTHDATE	ADMIT DATE DATE MOVED	TIME	ACCT NUMBER	ER	OF	C	KH1	76936
906785562	04/25/2004	04:57		SMOKING	MS	SEX	PHYSIAN	
08/25/61	042Y	NO PCP LISTED, NO PCP	1	SP	Y	M	F	KALLMERTEN, DANIEL H
NAME & ADDRESS				RELATIVE NAME & ADDRESS				PHONE/REL.
GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220				RINGER, MARY ELLEN 6 NANCY DR BELMONT, NH 03220				603-528-4047 NATURAL CHIL
1	2	3	GUARANTOR				PHONE/SOC SEC NO	
			GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220				603-524-6263 002-58-9806	

chief complaint: (ACKNOWLEDGE)

TIME T P R B/P WT

DENTAL PAIN

Pub in Dir? Y Pub to Clergy? Y

ADV DIR	REQU INFO	CM REF	PUB DIR	PUB CLERGY	ALLERGIES:
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STORY - PAST MEDICAL

FAMILY

SOCIAL

CONSULT  YES  NO

NAME \_\_\_\_\_

TIME CALLED \_\_\_\_\_

TIME ARRIVED \_\_\_\_\_

VIEW OF SYSTEMS: <input checked="" type="checkbox"/> BOX FOR	<input type="checkbox"/> NORMAL	<input type="checkbox"/> ABNORMAL	ALL OTHER SYSTEMS ARE NORMAL		
A	N A	N A	N A	N A	
<input type="checkbox"/> GENERAL SYMPTOMS	<input type="checkbox"/> <input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> <input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> <input type="checkbox"/> HEMA/LYMPH	<input type="checkbox"/> <input type="checkbox"/> ALLER/IMMUN	
<input type="checkbox"/> EYES	<input type="checkbox"/> <input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> <input type="checkbox"/> MUSCULOSKEL	<input type="checkbox"/> <input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> <input type="checkbox"/> G. U.	
<input type="checkbox"/> ENT	<input type="checkbox"/> <input type="checkbox"/> GASTROINTEST	<input type="checkbox"/> <input type="checkbox"/> SKIN/INTEGUM	<input type="checkbox"/> <input type="checkbox"/> ENDOCRINE		

STATE REASON IF UNABLE TO DO COMPLETE ROS OR PAST MEDICAL, SOC. HIST. - LEVEL 5 ONLY

ASSESSMENT/COMPLEXITY OF DECISION MAKING/RULE OUT:

FINAL DIAGNOSIS:

AN/PROCEDURES:

CRITICAL CARE  YES TIMERADIO CONTROL/ACLS  YESDICTATED COMPLETED 

## M.D. ORDERS

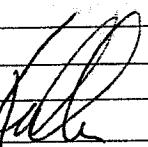
	INIT	TIME		INIT	TIME
Perceot Drop #3		7.			
		8.			
		9.			
		10.			
		11.			
		12.			

INSTRUCTIONS/EDUCATION/RX:

Perceot for Pe  
8/6/04 Dr. F. R. M.

HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INSTRUCTIONS

SIGNATURE: X

MD SIGNATURE: 

CHART/READ REVERSE

## LAKES REGION GENERAL HOSPITAL LACONIA, N.H. 03246 EMERGENCY ROOM/WALK-IN CARE RECORD

PATIENT INS	ACCT NUMBER BIRTHDATE NAME & ADDRESS	ADMIT DATE AGE PHONE/SOC. SEC. NO.	ACC TIME PRIMARY CARE PROVIDER	ACCIDENT DATE TIME	TYPE FR OF C TGH	PAGE CLERK MEDICAL RECORD NO.
	906919527 08/25/61 GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220	05/26/2004 15:29 042Y NO PCP LISTED, NO PCP 603-524-6263 002-58-9806		/ / 1 SP Y M F KANE, ANDREW		76936
				RELATIVE NAME & ADDRESS RINGER, MARY ELLEN 6 NANCY DR BELMONT, NH 03220	ADDRESS	PHONE/REL
				GUARANTOR GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220		PHONE/SOC. SEC. NO.

BRIEF COMPLAINT: (ACKNOWLEDGE) UPSET Pub in Dir? Y Pub to Clergy? N					TIME	T	P	R	B/P	WT
ADV DIR	REQU INFO	CM REF	PUB DIR	PUB CLERGY	ALLERGIES:					

HISTORY - PAST MEDICAL		FAMILY		SOCIAL		CONSULT <input type="checkbox"/> YES <input type="checkbox"/> NO
						NAME _____
						TIME CALLED _____
						TIME ARRIVED _____

VIEW OF SYSTEMS: <input checked="" type="checkbox"/> BOX FOR <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL					ALL OTHER SYSTEMS ARE NORMAL				
NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
<input type="checkbox"/> GENERAL SYMPTOMS	<input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> HEMA/LYMPH	<input type="checkbox"/> ALLER/IMMUN					
<input type="checkbox"/> EYES	<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> MUSCULOSKEL	<input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> G.U.					
<input type="checkbox"/> ENT	<input type="checkbox"/> GASTROINTEST	<input type="checkbox"/> SKIN/INTEGUM	<input type="checkbox"/> ENDOCRINE						

STATE REASON IF UNABLE TO DO COMPLETE ROS OR PAST, FAM, SOC. HIST.-LEVEL 5 ONLY

ASSESSMENT/COMPLEXITY OF DECISION MAKING/RULE OUT:

FINAL DIAGNOSIS: Anxiety/stress react 29 year in critical condition

PLAN/PROCEDURES:

Xanax 0.5mg TID - 8x #6

Critical Care <input type="checkbox"/> YES TIME _____	RADIO CONTROL/ACLS <input type="checkbox"/> YES	DICTATED <input type="checkbox"/>	COMPLETED <input type="checkbox"/>
M.D. ORDERS			
Ativan 1mg i.m.	INIT Saw	TIME 1615	
		7.	
		8.	
		9.	
		10.	
		11.	
		12.	

INSTRUCTIONS/EDUCATION/RX:

F/U PCP INBB-28

HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INSTRUCTIONS

SIGNATURE X

MD SIGNATURE XAK



80 Highland Street  
Laconia, NH 03246

## EMERGENCY ROOM RECORD

PATIENT NAME: Gilbert, Laurie J  
MEDICAL RECORD NO: 076936  
ACCOUNT NO: 906919527  
BIRTH DATE: 08/25/1961  
PHYSICIAN: Scott D. Hobson, MD  
DATE: 05/26/2004

This 42 year old white female is here saying she is having a melt down. She is very worried because her son is in the midst of a very serious narcotic overdose, and they are not sure if he will live or not and she is distraught.

**PAST MEDICAL HISTORY:** She already has a past history of depression, migraines, fibromyalgia, chronic low back pain.

**CURRENT MEDICATIONS:** She is on Lexipro and Percocet.

**ALLERGIES:** Allergic to codeine and Amitriptyline.

**OBJECTIVE:** Temperature 36.9, pulse 70, respirations 18, blood pressure 131/70. This is a white female, crying, sobbing, very upset. Skin color okay, skin dry. She says she is having a hard time breathing, but she is pink and she has good capillary refill.

**NECK:** Supple. No JVD.

**LUNGS:** Clear, no wheezes, rhonchi, rales or rubs.

**HEART:** Normal sinus rhythm without murmur or gallop.

**FINAL DIAGNOSIS:** Anxiety, stress reaction secondary to her son in critical condition.

**PLAN:** Ativan 1 mg IM, then Xanax 0.5 mg t.i.d. p.r.n. symptoms, #6. She will follow-up with her PCP if no better by 05/28/04.

**CODE:** Level 3.

**ORIGINAL**

Gilbert, Laurie J  
Page 2 of 2  
Scott D. Hobson, MD



Scott D. Hobson, MD

D: 05/26/2004  
T: 05/28/2004 10:35 A  
med/608188  
CC:

**ORIGINAL**

**LRGHealthcare**  
**EMERGENCY DEPARTMENT RECORD**

PATIENT NAME \_\_\_\_\_

Acct# 906919527 MRN# 76936

GILBERT, LAURIE J

10 RANGE RD

BELMONT, NH 03220

HIC# Adm:05/26/04

Date 5-26-04

PCP NMD

Triage Time: 1530	Time to Room: 1540	Acuity Level: III	Condition on Arrival: fair	Mode of Arrival: <input type="checkbox"/> Ambulatory <input type="checkbox"/> W/C <input type="checkbox"/> Carried <input type="checkbox"/> Ambulance
-------------------	--------------------	-------------------	----------------------------	--

Chief Complaint: *Planned re: son's illness & requesting meds / feels like work  
Anxiety due to critical condition of son*

ALLERGIES (Meds., Food, Environmental): *Cocaine Amitriptyline*

Latex Allergy  Yes  No Exposure to infectious disease  Yes  No

PMHX: *depression, Migraines hysterectomy  
Fibromyalgia chronic back pain*

Current Medications (Dose & Frequency): *Percocet hexaprin*

Time 1540 T 36.9 P 70 R 15 BP 131/70 SpO2 NA Pain Level 0-10 N/A

Is there anyone in your home being Hurt, Hit, Threatened, Frightened or Neglected?  Yes  No

High Risk Fall?  Yes  No

Safety per LRGH

Smoker  Yes  No PPD 1

LMP *8*

Tetanus *1*

Immunizations UTD *Q*

Weight 132lb

EMS Service *N/A*

Tx:  Blood Drawn  G-Collar  IV

Meds  Monitor  Splint

O2  BB  Other

Triage Sig: *Pennell*

Team Members: *Smeeker*

CHEST ASSESSMENTS <input type="checkbox"/> N/A		SKIN <input type="checkbox"/> N/A	MUSCULAR SKELETAL <input checked="" type="checkbox"/> N/A	NEUROLOGICAL <input type="checkbox"/> N/A
R	L	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Ashen <input type="checkbox"/> Cool <input type="checkbox"/> Mottled <input type="checkbox"/> Hot <input type="checkbox"/> Jaundice  <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flaky <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Cap Fill <input type="checkbox"/> Flushed <input type="checkbox"/> <2 Sec <input type="checkbox"/> Pink <input type="checkbox"/> >2 Sec	<input type="checkbox"/> Limited Movement of _____ <input type="checkbox"/> Pain (0-10) <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input type="checkbox"/> Rotation  <small>CSM <input type="checkbox"/> intact <input type="checkbox"/> Compromised</small>	<input checked="" type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Incomprehensible <input type="checkbox"/> Inappropriate <input type="checkbox"/> None  <small>Eyes <input checked="" type="checkbox"/> Spontaneously  <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None  <input checked="" type="checkbox"/> Cooperative <input type="checkbox"/> Angry <input type="checkbox"/> Agitated  <input type="checkbox"/> Uncooperative <input type="checkbox"/> Crying <input type="checkbox"/> Anxious  <input type="checkbox"/> Combative <input type="checkbox"/> Depressed</small>
		<b>INTEGUMENTARY <input checked="" type="checkbox"/> N/A</b>		
		<b>ABDOMEN <input checked="" type="checkbox"/> N/A</b>	<input type="checkbox"/> Integument intact <input type="checkbox"/> Avulsion <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture wound(s) <input type="checkbox"/> Abrasion	<input checked="" type="checkbox"/> Obeys command <input type="checkbox"/> Localized pain <input type="checkbox"/> Withdrawn <input type="checkbox"/> Flexion to pain <input type="checkbox"/> Extension to pain <input type="checkbox"/> None
		<b>BOWEL</b> Bowel sounds <input type="checkbox"/> Present <input type="checkbox"/> Absent Tenderness <input type="checkbox"/> LLO <input type="checkbox"/> RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLO Appearance <input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended	<input type="checkbox"/> None <input type="checkbox"/> Controlled <input type="checkbox"/> Non controlled	<small>Pupils <input checked="" type="checkbox"/> Peril size mm <input type="checkbox"/> Brisk response  <input type="checkbox"/> Unequal <input type="checkbox"/> Sluggish  <input type="checkbox"/> Not reactive <input type="checkbox"/> Fixed</small>
		Last BM _____	Init. <i>5</i>	Init. <i>5</i>

Monitor Strip

Lakes Region General Hospital - Emergency Department  
80 Highland Street, Laconia, NH. 03246  
(603)524-3211

Patient: Laurie Gilbert, Date: 05/26/2004 Time: 16:02  
Discharge Instructions

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by SCOTT HOBSON, MD.

**THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE**

If you need help in choosing a Primary Care Provider, you may call our Care Manager at LRGH, LACONIA, NH, 03246, (603)527-7151.

Please return to the Emergency Department if your symptoms get worse.

**THIS INFORMATION IS ABOUT YOUR DIAGNOSIS**

**ANXIETY (Nervousness).**

Anxiety is a strong, uneasy feeling. You, like many people, have physical symptoms when you get anxious. Though you are uncomfortable, we did not find any harmful cause for your symptoms today.

**Do the following:**

- See your doctor regularly.
- Try ways to relax.
- Eat a balanced diet.
- Avoid stressful situations if possible.

**Call your doctor if you have:**

- trouble sleeping or eating.
- any new or severe symptoms.

**THIS INFORMATION IS ABOUT YOUR MEDICINE**

**\*BE SURE TO FOLLOW YOUR PHARMACIST'S INSTRUCTIONS AS THEY MAY VARY FROM THE INSTRUCTIONS BELOW\***

**ALPRAZOLAM (Xanax).**

Take this medicine exactly as prescribed in the following dose: 0.5 mg by mouth (1 tablet) 3 times a day.

This medicine will help you feel calm and relaxed. At first, it will make you sleepy. Other side effects may include: dizziness, confusion, headache, clumsiness or dry mouth. Allergy would show up as: rash or itching, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

**Follow these instructions:**

- See your doctor regularly.

- Do not change the dose or stop taking this medicine without talking with your doctor.
- Store this medicine away from heat, moisture or direct light.
- If you miss a dose, take it as soon as possible. If it is almost time for your next dose, skip the missed dose. Do not double the doses.
- Sit or stand slowly to avoid dizziness.
- Use gum, hard candy or ice chips for a dry mouth.
- Watch for signs of dependence:
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery while taking this medicine.

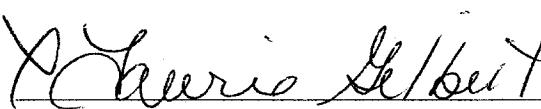
**Call your doctor if you have:**

- any sign of allergy.
- any sign of dependence.
- any new or severe symptoms.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.**

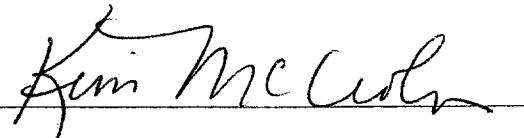
Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges see with this plan with the nurse or physician."



Laurie Gilbert or Responsible Person

Laurie Gilbert or Responsible Person has received this information and tells me that all questions have been answered.



RN Staff Signature \_\_\_\_\_

  
1640

ACCOUNT NUMBER	ADMIT DATE	DISCHARGE DATE	ADMIT TIME	ACCIDENT DATE	AGE	SEX	TYPE	STAFF	CLERK	MEDICAL RECORD NO.	
906974597	06/08/2004 13:49		:	/ /			ER	OF	C JIK	76936	
BIRTH DATE	AGE	PRIMARY CARE PROVIDER					SMOKER	MR	SEX	DR. PHYSICIAN	
08/25/61	042Y	NO PCP LISTED, NO PCP	1				SP	Y	M F	JEFFERY, BRIAN J.	
NAME & ADDRESS					PHONE/SDG SEC. NO.					PHONE/REL.	
GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220					603-524-6263 002-58-9806					603-528-4047 NATURAL CHIL	
1	2	3						GUARANTOR			PHONE/SDG SEC. NO.
								GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220			603-524-6263 002-58-9806

CHIEF COMPLAINT: (ACKNOWLEDGE) RIGHT SHOULDER PAIN Pub in Dir? Y Pub to Clergy? Y					TIME	T	P	R	B/P	WT
ADV DIR	REQU INFO	CM REF	PUB DIR	PUB CLERGY	ALLERGIES:					

HISTORY - PAST MEDICAL					FAMILY			SOCIAL			CONSULT <input type="checkbox"/> YES <input type="checkbox"/> NO
											NAME _____
											TIME CALLED _____
											TIME ARRIVED _____

VIEW OF SYSTEMS: <input checked="" type="checkbox"/> BOX FOR <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL										
A	N A	N A	N A	N A	ALL OTHER SYSTEMS ARE NORMAL					
<input type="checkbox"/> GENERAL SYMPTOMS	<input type="checkbox"/> <input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> <input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> <input type="checkbox"/> HEMA/LYMPH	<input type="checkbox"/> <input type="checkbox"/> ALLER/IMMUN						
<input type="checkbox"/> EYES	<input type="checkbox"/> <input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> <input type="checkbox"/> MUSCULOSKEL	<input type="checkbox"/> <input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> <input type="checkbox"/> G.U.						
<input type="checkbox"/> ENT	<input type="checkbox"/> <input type="checkbox"/> GASTROINTEST	<input type="checkbox"/> <input type="checkbox"/> SKIN/INTEGUM	<input type="checkbox"/> <input type="checkbox"/> ENDOCRINE							

STATE REASON IF UNABLE TO DO COMPLETE ROS OR PAST, FAM, SOC. HIST.-LEVEL 5 ONLY

ASSESSMENT/COMPLEXITY OF DECISION MAKING/RULE OUT:

FINAL DIAGNOSIS: (R) Shoulder Injury

PLAN/PROCEDURES:

Critical Care <input type="checkbox"/> Yes	Time _____	Radio Control/Acls <input type="checkbox"/> Yes		DICTATED <input checked="" type="checkbox"/>	COMPLETED <input type="checkbox"/>
M.D. ORDERS					
	INIT	TIME			
<i>FRT records</i>	<i>E0</i>	<i>145</i>			
<i>Demand 75g &gt; 2m</i>			7.		
<i>Plenogen 25g</i>			8.		
			9.		
			10.		
			11.		
			12.		

INSTRUCTIONS/EDUCATION/RX:

*See Dr Franche Thursday*

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INSTRUCTIONS

SIGNATURE: *X* *[Signature]* *M.J.B.S.*

MD SIGNATURE: *[Signature]*



80 Highland Street  
Laconia, NH 03246

## EMERGENCY ROOM RECORD

PATIENT NAME: Gilbert, Laurie J  
 MEDICAL RECORD NO: 076936  
 ACCOUNT NO: 906974597  
 BIRTH DATE: 08/25/1961  
 PHYSICIAN: Thomas Scott, MD  
 DATE: 06/08/2004

**HISTORY:** The patient is a 42-year-old female who presents because of severe right shoulder pain after she was walking her dog four days ago and had the dog on a leash that lunged and pulled her right shoulder. She has had persistent pain since. She had gone to the ER in Franklin and had an x-ray of her shoulder which was negative. She has been using a sling, was given Percocet. One pill was not helping, two was causing nausea. She states she can not take Codeine or Darvocet. She does have an appointment to see Dr. Francke on Thursday.

**PHYSICAL EXAMINATION:** She has some diffuse tenderness of the right shoulder. There is no deformity. Motor/sensory exam of the arm is intact.

I offered her an injection, she refused.

**ASSESSMENT:** Right shoulder injury.

**PLAN:** She was given a script for Vicodin to use for pain. She will continue with her arm in a sling and will see Dr. Francke on Thursday as scheduled.

*TS*  
Thomas Scott, MD

D: 06/08/2004  
 T: 06/14/2004 3:51 P  
 med/612343  
 cc: Gary P. Francke, MD

LRGHealthcare  
EMERGENCY DEPARTMENT RECORD

PATIENT NAME Laurie  
 Date 4/8  
 PCP \_\_\_\_\_  
 Acct# 906974597 MRN# 76936  
 GILBERT, LAURIE J  
 10 RANGE RD  
 BELMONT, NH 03220  
 HIC# Adm:06/08/04

Triage Time: <u>13:00</u>	Time to Room: <u>411</u>	Acuity Level: <u>3</u>	Condition on Arrival: <u>Stable</u>	Mode of Arrival: <input checked="" type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> W/C <input type="checkbox"/> Carried <input type="checkbox"/> Ambulance
---------------------------	--------------------------	------------------------	-------------------------------------	--

Chief Complaint: 4/2/02 g/present "I've got medicine in my throat making me sick" c/o dryness - difficult to swallow and (R) shoulder pain off & on  
 Seen to Felt Fri for shoulder - pain med not effective - perceived flex ext not effective  
 ALLERGIES (Meds., Food, Environmental): Codine → fever, vomiting made her mucusous

Latex Allergy  Yes  No Exposure to infectious disease  Yes  No

PMHX: rotator cuff tear migraines

hyp. thyrt.

Current Medications (Dose & Frequency): Flexeril, Ultram, ibuprofen

Time 1410 T 36.7 P 83 R 18 BP 110/78 SpO2 N/A Pain Level 0-10 9

Is there anyone in your home being Hurt, Hit, Threatened, Frightened or Neglected?  Yes  No pt not alone

High Risk Fall?  Yes  No

Safety per LRGH

Smoker  Yes  No PPD i

LMP \_\_\_\_\_

Tetanus WA

Immunizations UTD \_\_\_\_\_

Weight 138 lb.

EMS Service N/A

Tx:  Blood Drawn  C-Collar  IV

Meds  Monitor  Splint

O2  BB  Other

Triage Sig: Eileen Dillen

Team Member: J. Halligan

CHEST ASSESSMENTS <input type="checkbox"/> N/A		SKIN <input type="checkbox"/> N/A	MUSCULAR SKELETAL <input type="checkbox"/> N/A	NEUROLOGICAL <input type="checkbox"/> N/A		
R	L	<input checked="" type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot  <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Flaky <input type="checkbox"/> Moist <input type="checkbox"/> Cap Fill <input type="checkbox"/> <2 Sec <input type="checkbox"/> >2 Sec	<input type="checkbox"/> Ashen <input type="checkbox"/> Mottled <input type="checkbox"/> Jaundice <input type="checkbox"/> Cyanotic <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Pink	<input checked="" type="checkbox"/> Limited Movement of <u>RUE</u> <input type="checkbox"/> Pain <u>9/10</u> (0-10) <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input type="checkbox"/> Rotation CSM <input type="checkbox"/> Intact <input type="checkbox"/> Compromised	<input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Incomprehensible <input type="checkbox"/> Inappropriate <input type="checkbox"/> None	Moves all extremes equally <input type="checkbox"/> Y <input type="checkbox"/> N
Clear						Facial Droop <input type="checkbox"/> Y <input type="checkbox"/> N
Rales						Pronator Drift <input type="checkbox"/> Y <input type="checkbox"/> N
Rhonchi						Speech Clear <input type="checkbox"/> Y <input type="checkbox"/> N
Wheezes						
Stridor						
Absent						
Breathing						
<input type="checkbox"/> Normal		<input type="checkbox"/> SPO <sub>2</sub> : <u>98</u>				
<input type="checkbox"/> Labored		On <u>100%</u>				
<input type="checkbox"/> Nasal Flaring		O <sub>2</sub> N/C <u>100%</u>				
<input type="checkbox"/> Expiratory grunt		@ <u>100%</u>				
<input type="checkbox"/> Retractions		NRBM @ <u>100%</u>				
Chest Expansion						
<input type="checkbox"/> Symmetrical						
<input type="checkbox"/> Asymmetrical						
Cardiac Monitor Rhythm	<input type="checkbox"/> N/A	<input type="checkbox"/> See Monitor Strip				
<u>ABDOMEN <input type="checkbox"/> N/A</u>						
Bowel sounds		<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Integument intact <input type="checkbox"/> Avulsion	<input type="checkbox"/> Obey command <input type="checkbox"/> Localized pain		
Tenderness		<input type="checkbox"/> LLQ <input type="checkbox"/> RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLQ	<input type="checkbox"/> Laceration <input type="checkbox"/> Puncture wound(s)	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Flexion to pain		
Appearance		<input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Extension to pain <input type="checkbox"/> None		
Last BM						
<u>BLEEDING <input type="checkbox"/> N/A</u>						
		<input checked="" type="checkbox"/> None <input type="checkbox"/> Controlled <input type="checkbox"/> Non controlled	<input type="checkbox"/> Pupil size: <u>3</u> mm <input type="checkbox"/> Brisk response			
			<input type="checkbox"/> Unequal <input type="checkbox"/> Sluggish			
			<input type="checkbox"/> Not reactive <input type="checkbox"/> Fixed			

Monitor Strip

## **IV ADMINISTRATION**

Time	Size / Site	Fluid & Amount	Labs Drawn	Rate	Infused	Init.	IV d/c'd @	Init.	Intake	Output
			<input type="checkbox"/>						PO	Urine
			<input type="checkbox"/>							Emesis
			<input type="checkbox"/>						IV	NG
			<input type="checkbox"/>							
			<input type="checkbox"/>							
			<input type="checkbox"/>							
			<input type="checkbox"/>							

 See Additional Notes

X-Rays: <input type="checkbox"/> WC <input type="checkbox"/> STR <input type="checkbox"/> AMB	Sent @	Ret @	EKG@	Labs:	Drawn @	Sent @	Ret @

### Discharge V.S.

### Discharge time

### Discharge

## Audit Log

Report to \_\_\_\_\_

#### **Medications issued & written instructions**

Logicare given  Yes  No  N/A

Discharged to Discharge Office  Yes  No

Initials/Signatures

Acct# 906974597 MRN# 76996  
GILBERT, LAURIE J  
10 RANGE RD  
BELMONT, NH 03220  
HIC# Adm:06/08/04



80 Highland Street  
Laconia, NH 03246

## WALK-IN CARE RECORD

PATIENT NAME: Gilbert, Laurie J  
 MEDICAL RECORD NO: 076936  
 ACCOUNT NO: 907093298  
 BIRTH DATE: 08/25/1961  
 PHYSICIAN: Thomas Scott, MD  
 DATE: 07/05/2004

**HISTORY:** A 42-year-old female complained of right shoulder pain which had been bothering her for three weeks. She has seen Dr. Lieberman and was scheduled for a MRI of the shoulder in three days. Had been prescribed Vicodin which she ran of last night. She is using a sling. Was scheduled Dr. Elsammani her PCP in two days.

**ALLERGIES:** Codeine and Percocet makes her vomit.

### **PHYSICAL EXAMINATION:**

**RIGHT SHOULDER:** There is no obvious swelling deformity, redness. The arms are intact.

**ASSESSMENT:** Right shoulder pain, right rotator cuff injury.

**PLAN:** Vicodin 1-2 q. 4 hours for pain. See Dr. Lieberman after the MRI.

*rs*  
Thomas Scott, MD

D: 07/05/2004  
 T: 07/09/2004 4:46 A  
 med/618672  
 cc: Glenn Lieberman, MD

## LAKES REGION GENERAL HOSPITAL LACONIA, N.H. 03246 EMERGENCY ROOM WALK-IN CARE RECORD

ACCOUNT NUMBER 907093298	ADMIT DATE 07/05/2004 12:	AM/PM 12:00	ACC TIME / /	ACCIDENT DATE / /	SV ER	TYPE OE	RACE C	CLERK PC1	MEDICAL RECORD NO. 76936
BIRTH DATE 08/25/61	AGE 042Y	PRIMARY CARE PROVIDER NO PCP LISTED, NG PCP	2004	MOA SMOKE M/S 1 SP Y M F	SMOKE M/S 1 SP Y M F	SEX M	ER PHYSICIAN KALLMERTEN, DANIEL H		
NAME & ADDRESS GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220			PHONE/SOC. SEC. NO. 603-524-6263 002-58-9806			RELATIVE NAME & ADDRESS RINGER, MARY ELLEN 6 NANCY DR BELMONT, NH 03220			PHONE/REL 603-528-4047 NATURAL CHIL
1 ,	2 ,	3 ,				GUARANTOR GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220			PHONE/SOC. SEC. NO. 603-524-6263 002-58-9806

CHIEF COMPLAINT: (ACKNOWLEDGE)  
SHOULDER PAIN

TIME	T	P	R	B/P	WT

ADV DIR N	REQU INFO N	CM REF N	PUB DIR Y	PUB CLERGY Y	ALLERGIES:

HISTORY - PAST MEDICAL		FAMILY	SOCIAL	CONSULT <input type="checkbox"/> YES <input type="checkbox"/> NO
<i>(R) shoulder pain x 3 weeks</i>			<i>using strng</i>	NAME _____
<i>mrf on 7/8</i>				TIME CALLED _____
				TIME ARRIVED _____

REVIEW OF SYSTEMS: <input checked="" type="checkbox"/> BOX FOR <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL	ALL OTHER SYSTEMS ARE NORMAL <input type="checkbox"/>			
N A	N A	N A	N A	N A
<input type="checkbox"/> GENERAL SYMPTOMS	<input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> HEMA/LYMPH	<input type="checkbox"/> ALLER/IMMUN
<input type="checkbox"/> EYES	<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> MUSCULOSKELETON	<input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> G.U.
<input type="checkbox"/> ENT	<input type="checkbox"/> GASTROINTESTINAL	<input type="checkbox"/> SKIN/INTEGUM	<input type="checkbox"/> ENDOCRINE	

STATE REASON IF UNABLE TO DO COMPLETE ROS OR PAST, FAM, SOC. HIST.-LEVEL 5 ONLY

*Elsaner - 7/7**Perforate - 4 units*

ASSESSMENT/COMPLEXITY OF DECISION MAKING/RULE OUT:

FINAL DIAGNOSIS: *(R) shoulder pain*

PLAN/PROCEDURES:

CRITICAL CARE <input type="checkbox"/> YES TIME	RADIO CONTROL/ACLS <input type="checkbox"/> YES	DICTATED <input checked="" type="checkbox"/>	COMPLETED <input type="checkbox"/>	1350
M.D. ORDERS				
1.	INIT	TIME		INIT TIME
2.			7.	
3.			8.	
4.			9.	
5.			10.	
6.			11.	
7.			12.	

INSTRUCTIONS/EDUCATION/RX:

*Vistar - 1-2 pds**ppf**See Dr Lieberman Tuesday*

HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INSTRUCTIONS

PT. SIGNATURE: X

MD SIGNATURE: *Trist*

CHART/READ REVERSE

ACCOUNT NUMBER	DATE	TIME	GILBERT, LAURIE J	ADM DATE	MEDICAL RECORD NO
907076251	07/09/2004	18:10	DOB: 08/25/1961 AGE: 42Y SEX: F	07/09/2004	076936
TD - TOD	AUDIT NO:		ROOM&BED:	AREA:	
			00910371 LIEBERMAN, GLENN S.		
			DX: R SHOULDER PAIN/RTC TEAR		SERVICE: MRI
			ALLERGIES:		PT TYPE: O
			TRANSPORT: AMBULATORY	IV: PCP CONTACTED:	
			00910371 LIEBERMAN, GLENN S.		
			HT: 0 FT 0 IN 00 CM	PREC: 02:	
			WT: 0 LBS 0 OZ 0.00 KG	DIAB: N	
SURG DT: / /					

SPECIFY MD ORDER: MRI RT SHOULDER

PHONE: (603)524-6263

CONTINUED:

PRESENTING SYMPTOMS: PAIN/RTC TEAR

CONTINUED:

ITEM#	DESCRIPTION/INDICATOR	ORDER#
43462245	MRI UPR EXT JT W/O	004652723

MRI RIGHT SHOULDER 7/9/04

There is no abnormal signal involving the rotator cuff which meets the MRI criteria for a full thickness tear. Proximal long head of the biceps tendon appear normal and is normally located. No labral tear is seen.

IMPRESSION: NO ROTATOR CUFF TEAR IS SEEN. NO OTHER FOCAL ABNORMALITIES ARE SEEN TO EXPLAIN THIS PATIENT'S SYMPTOMS OF RIGHT SHOULDER PAIN.

Michael F. Dowe, M.D.  
Radiologist  
S1  
D: 7/12/04  
T: 7/12/04  
3:43 PM

SIGNATURE

DATE  
CHART

**LRGHealthcare**  
**EMERGENCY DEPARTMENT RECORD**
PATIENT NAME C. J.Date 7-5-04

PCP \_\_\_\_\_

 Acct# 907093298 MRN# 76936  
 GILBERT, LAURIE J  
 10 RANGE RD  
 BELMONT, NH 03220  
 HIC# Adm:07/05/04

Triage Time:	Time to Room:	Acuity Level:	Condition on Arrival	Mode of Arrival	<input type="checkbox"/> Ambulatory
1254				<input type="checkbox"/> W/C <input type="checkbox"/> Carried	<input type="checkbox"/> Ambulance

Chief Complaint: Severe rt shoulder pain - seen w/c 6/21 6/30 - unable to do MRI on 7/2 - out of pain med seen Dr Peabody  
"Pt reports hasn't slept in days" Plaster cast

ALLERGIES (Meds., Food, Environmental): Codene

Latex Allergy  Yes  No      Exposure to infectious disease  Yes  No

PMHX: denies

Current Medications (Dose & Frequency): Excedrin Vicodin Zantac night

Time 1325 T 37.4 | P 80 | R 19 | BP 110/52 | SpO2 WA | Pain Level 0-10 10/10

Is there anyone in your home being Hurt, Hit, Threatened, Frightened or Neglected?  Yes  No

High Risk Fall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LMP _____	EMS Service _____
Safety per LRGH <input checked="" type="checkbox"/>	Tetanus <u>N/A</u>	Tx: <input type="checkbox"/> Blood Drawn <input type="checkbox"/> C-Collar <input type="checkbox"/> IV
Smoker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PPD <u>+</u>	Immunizations UTD <u>N/A</u>	<input type="checkbox"/> Meds <input type="checkbox"/> Monitor <input type="checkbox"/> Splint
	Weight _____	<input type="checkbox"/> O2 <input type="checkbox"/> BB <input type="checkbox"/> Other

Triage Sig: Pauline G. RN Team Members:

CHEST ASSESSMENTS <input type="checkbox"/> N/A		SKIN <input type="checkbox"/> N/A	MUSCULAR SKELETAL <input type="checkbox"/> N/A	NEUROLOGICAL <input type="checkbox"/> N/A
R	L	<input type="checkbox"/> Warm <input type="checkbox"/> Ashen <input type="checkbox"/> Cool <input type="checkbox"/> Mottled <input type="checkbox"/> Hot <input type="checkbox"/> Jaundice  <input type="checkbox"/> Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flaky <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Moist <input type="checkbox"/> Pale <input type="checkbox"/> Cap Fill <input type="checkbox"/> Flushed <input type="checkbox"/> <2 Sec <input type="checkbox"/> Pink <input type="checkbox"/> >2 Sec	<input type="checkbox"/> Limited Movement of _____ <input checked="" type="checkbox"/> Pain <u>10</u> (0-10) <u>(R shoulder)</u> <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input type="checkbox"/> Rotation	<input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Incomprehensible <input type="checkbox"/> Inappropriate <input type="checkbox"/> None
Clear				<input type="checkbox"/> Spontaneously <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None
Rales				<input type="checkbox"/> Cooperative <input type="checkbox"/> Angry <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Depressed
Rhonchi				
Wheezes				
Stridor				
Absent				
Breathing				
<input type="checkbox"/> Normal	<input type="checkbox"/> SPO <sub>2</sub> : _____			
<input type="checkbox"/> Labored	On _____			
<input type="checkbox"/> Nasal Flaring	O/N/C			
<input type="checkbox"/> Expiratory grunt	@ _____			
<input type="checkbox"/> Retractions	NRBM @ _____			
Chest Expansion				
<input type="checkbox"/> Symmetrical	Init.			
<input type="checkbox"/> Asymmetrical				
Cardiac Monitor Rhythm	<input type="checkbox"/> N/A <input type="checkbox"/> See Monitor Strip			

ABDOMEN <input type="checkbox"/> N/A		INTEGUMENTARY <input type="checkbox"/> N/A			
Bowel sounds	<input type="checkbox"/> Present <input type="checkbox"/> Absent	<input type="checkbox"/> Integument intact	<input type="checkbox"/> Avulsion	<input type="checkbox"/> Oriented	<input type="checkbox"/> Alert
Tenderness	<input type="checkbox"/> LLQ <input type="checkbox"/> RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLQ	<input type="checkbox"/> Laceration	<input type="checkbox"/> Puncture wound(s)	<input type="checkbox"/> Confused	<input type="checkbox"/> Incomprehensible
Appearance	<input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Init.	<input type="checkbox"/> Inappropriate	<input type="checkbox"/> None
Last BM	Init.			Eyes	<input type="checkbox"/> Spontaneously <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None
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					<input type="checkbox"/> Spontaneously <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None
					<input type="checkbox"/> Cooperative <input type="checkbox"/> Angry <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Depressed
					<input type="checkbox"/> Spontaneously <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None
					<input type="checkbox"/> Cooperative <input type="checkbox"/> Angry <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Depressed

Lakes Region General Hospital - Emergency Department  
80 Highland Street, Laconia, NH. 03246  
(603)524-3211

Patient: Laurie Gilbert, Date: 07/05/2004 Time: 13:43  
Discharge Instructions

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by THOMAS SCOTT, MD.

**THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE**

Call as soon as possible to make an appointment in 1 day to see Glenn Lieberman, MD. You can reach Glenn Lieberman at (603)528-9100, 14 Maple St, Gilford, NH, 03246. If you have any problems before this appointment, call the office.

**THIS INFORMATION IS ABOUT YOUR DIAGNOSIS  
SHOULDER PAIN**

The shoulder is prone to injury. Shoulder pain can be caused by heavy lifting, strains and injuries. It can involve the muscles, tendons, ligaments or bones. Today's exam did not show any obvious sign of bone, muscle, tendon or ligament damage.

**Follow these instructions:**

- Rest your shoulder for the next few days.
- Take pain medicines as prescribed by the doctor.
- Once the pain has lessened, you may return to your normal activities.
- Do not lift heavy objects, play sports involving the shoulder or put any strain on your shoulder until the pain is gone.
- Avoid any activity that causes pain.

**Call your doctor if you:**

- have increased pain.
- have numbness or tingling that goes down into your arm or hand.
- have pain that does not get any better over the next couple of weeks.
- have any new problems or concerns.

**THIS INFORMATION IS ABOUT YOUR MEDICINE**

**\*BE SURE TO FOLLOW YOUR PHARMACIST'S INSTRUCTIONS AS THEY MAY VARY FROM THE INSTRUCTIONS BELOW\***

**HYDROCODONE & ACETAMINOPHEN (Vicodin, Lortab).**

Take this medicine by mouth in the following dose: 1-2 tablets every 4 hours if needed for pain.

This is a mixture of medicines used to relieve pain. Side effects may include: sleepiness, upset stomach or constipation (hard stools). Allergy would show up as:

rash or itching, wheezing or shortness of breath. This medicine can be habit forming if used for a long period of time.

**Follow these instructions:**

- Talk to your doctor **before** taking other medicines (including over-the-counter medicines).
- Sit or stand **slowly** to avoid dizziness.
- Take this medicine **with food or milk** to avoid an upset stomach.
- Store this medicine away from heat, moisture or direct light.
- Watch for signs of dependence. They include:
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery while taking this medicine.

**Call your doctor if you have:**

- any sign of dependence.
- any sign of allergy.
- increased pain not helped by the pain medicine.
- any new or severe symptoms.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.**

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away**. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."

Laurie Gilbert or Responsible Person

Laurie Gilbert or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature \_\_\_\_\_

## LAKES REGION GENERAL HOSPITAL LACONIA, N.H. 03246 EMERGENCY ROOM/WALK-IN CARE RECORD

PATIENT INS	ACCOUNT NUMBER 907351019	ADMIT DATE 08/30/2004	TIME 20:53	ACC. TIME :	ACCIDENT DATE / /	SVC. ER	TYPE OE	RACE C	CLERK IGH	MEDICAL RECORD NO. 76936
	BIRTHDATE 08/25/61	AGE 043Y	PRIMARY CARE PROVIDER NO PCP LISTED, NO PCP	MOA 1	FC SP	SMOKE Y	M/S M	SEX F	E.R. PHYSICIAN KANE, ANDREW	
	NAME & ADDRESS GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220				PHONE/SOC. SEC. NO. 603-524-6263	RELATIVE NAME & ADDRESS RINGER, MARY ELLEN 6 NANCY DR BELMONT, NH 03220				PHONE/REL. 603-528-4047 NATURAL CHIL
1	<i>1830 6/31/2004 Follow up call to Dr. Kane PT left because she saw Dr. Knott &amp; "it doesn't like me" returned 070400. Followed up to Dentist today - Dr. Klein per</i>				GUARANTOR GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220				PHONE/SOC. SEC. NO. 603-524-6263	
2									002-58-9806	
3										

CHIEF COMPLAINT: (ACKNOWLEDGE) DENTAL PAIN					TIME	T	P	R	B/P	WT
ADV DIR N	REQU INFO N	CM REF N	PUB DIR Y	PUB CLERGY Y	ALLERGIES:					

HISTORY - PAST MEDICAL			FAMILY			SOCIAL			CONSULT <input type="checkbox"/> YES <input type="checkbox"/> NO
									NAME _____
									TIME CALLED _____
									TIME ARRIVED _____

VIEW OF SYSTEMS: <input checked="" type="checkbox"/> BOX FOR <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL						ALL OTHER SYSTEMS ARE NORMAL.				
A	N A	N A	N A	N A	N A					
<input type="checkbox"/> GENERAL SYMPTOMS	<input type="checkbox"/> <input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> <input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> <input type="checkbox"/> HEMA/LYMPH	<input type="checkbox"/> <input type="checkbox"/> ALLER/IMMUN						
<input type="checkbox"/> EYES	<input type="checkbox"/> <input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> <input type="checkbox"/> MUSCULOSKEL	<input type="checkbox"/> <input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> <input type="checkbox"/> G. U.						
<input type="checkbox"/> ENT	<input type="checkbox"/> <input type="checkbox"/> GASTROINTEST	<input type="checkbox"/> <input type="checkbox"/> SKIN/INTEGUM	<input type="checkbox"/> <input type="checkbox"/> ENDOCRINE							

DATE REASON IF UNABLE TO DO COMPLETE ROS OR PAST, FAM, SOC. HIST.-LEVEL 5 ONLY

ASSESSMENT/COMPLEXITY OF DECISION MAKING/RULE OUT:  
*pt left 2/13*

FINAL DIAGNOSIS:

PLAN/PROCEDURES:

Critical Care <input type="checkbox"/> YES TIME _____	RADIO CONTROL/ACLS <input type="checkbox"/> YES			DICTATED <input type="checkbox"/>	COMPLETED <input type="checkbox"/>
M.D. ORDERS					
	INIT	TIME			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			

INSTRUCTIONS/EDUCATION/RX:  
*LWBS 2/10*

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INSTRUCTIONS

LRGHealthcare  
EMERGENCY DEPARTMENT RECORD

PATIENT NAME \_\_\_\_\_

Acct# 907351019 MRN# 76936

GILBERT, LAURIE J

10 RANGE RD

BELMONT, NH 03220

HIC# Adm:08/30/04

Date 8/30/04

PCP NLM

Triage Time: 2048	Time to Room: 200	Acuity Level: 3	Condition on Arrival: good	Mode of Arrival: <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> W/C <input type="checkbox"/> Carried <input type="checkbox"/> Ambulance
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Chief Complaint: CP dental pain x 1/2 hrs - states has dry socket. Seen @ FRH on 8/28, given PCN & percocet. Percocet made to sick so changed to vicodin. CP cont'd swelling. CP more painful now than when visit was there. Makes her eat & drink in 3 days.

ALLERGIES (Meds., Food, Environmental): Aspirin antibiotics anesthetics

Latex Allergy  Yes  No Exposure to infectious disease  Yes  No

PMHX: aspx aspx S/P molar extraction

Current Medications (Dose & Frequency): PCN vicodin

Time 2048 T 37° P 89 R 22 BP 107/54 SpO2 NT Pain Level 0-10 8/10

Is there anyone in your home being Hurt, Hit, Threatened, Frightened or Neglected?  Yes  No no one

High Risk Fall? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	LMP <u>aspx</u>	EMS Service <u>NA</u>
Safety per LRGH <u>AA</u>	Tetanus <u>NT</u>	Tx: <input type="checkbox"/> Blood Drawn <input type="checkbox"/> C-Collar <input type="checkbox"/> IV
Smoker <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No PPD <u>/</u>	Immunizations UTD <u>NA</u>	<input type="checkbox"/> Meds <input type="checkbox"/> Monitor <input type="checkbox"/> Splint
	Weight <u>132# ST</u>	<input type="checkbox"/> O2 <input type="checkbox"/> BB <input type="checkbox"/> Other

## ASSESSMENT

<b>CHEST ASSESSMENTS</b> <u>N/A</u>		<b>SKIN</b> <u>N/A</u>	<b>MUSCULAR SKELETAL</b> <u>N/A</u>	<b>NEUROLOGICAL</b> <u>N/A</u>		
R      L Clear <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes <input type="checkbox"/> Stridor <input type="checkbox"/> Absent <input type="checkbox"/>  Breathing <input type="checkbox"/> Normal <input type="checkbox"/> SPO <sub>2</sub> : <input type="checkbox"/> Labored <input type="checkbox"/> On: _____ <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> O/N/C <input type="checkbox"/> Expiratory grunt <input type="checkbox"/> @ <input type="checkbox"/> Retractions <input type="checkbox"/> NRBM @  Chest Expansion <input type="checkbox"/> Symmetrical <input type="checkbox"/> Init. <u>MM</u> <input type="checkbox"/> Asymmetrical		<input type="checkbox"/> Warm <input type="checkbox"/> Cool <input type="checkbox"/> Hot  <input type="checkbox"/> Dry <input type="checkbox"/> Flaky <input type="checkbox"/> Moist  Cap Fill <input type="checkbox"/> <2 Sec <input type="checkbox"/> >2 Sec	<input type="checkbox"/> Ashen <input type="checkbox"/> Mottled <input type="checkbox"/> Jaundice <input type="checkbox"/> Cyanotic <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Pale <input type="checkbox"/> Flushed <input type="checkbox"/> Pink	<input type="checkbox"/> Limited Movement of _____ <input type="checkbox"/> Pain _____ (0-10)  <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input type="checkbox"/> Rotation  CSM <input type="checkbox"/> Intact <input type="checkbox"/> Compromised	Best Verbal Response <input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Incomprehensible <input type="checkbox"/> Inappropriate <input type="checkbox"/> None	Moves all extremities equally <input type="checkbox"/> Y <input type="checkbox"/> N  Facial Droop <input type="checkbox"/> Y <input type="checkbox"/> N  Pronator Drift <input type="checkbox"/> Y <input type="checkbox"/> N  Speech Clear <input type="checkbox"/> Y <input type="checkbox"/> N
		<b>INTEGUMENTARY</b> <u>N/A</u>				
		<b>ABDOMEN</b> <u>N/A</u>	<input type="checkbox"/> Integument intact <input type="checkbox"/> Avulsion <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture wound(s) <input type="checkbox"/> Abrasion	Eyes <input type="checkbox"/> Spontaneously <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None  Behavior <input type="checkbox"/> Cooperative <input type="checkbox"/> Angry <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Depressed		
		Bowel sounds <input type="checkbox"/> Present <input type="checkbox"/> Absent Tenderness <input type="checkbox"/> LLQ <input type="checkbox"/> RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLQ Appearance <input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended	<input type="checkbox"/> Integument intact <input type="checkbox"/> Avulsion <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture wound(s) <input type="checkbox"/> Abrasion	Best Motor Response <input type="checkbox"/> Obeys command <input type="checkbox"/> Localized pain <input type="checkbox"/> Withdrawn <input type="checkbox"/> Flexion to pain <input type="checkbox"/> Extension to pain <input type="checkbox"/> None		
		Last BM _____	<b>BLEEDING</b> <u>N/A</u>	Pupils <input type="checkbox"/> Perif size: _____ mm <input type="checkbox"/> Brisk response <input type="checkbox"/> Unequal <input type="checkbox"/> Sluggish <input type="checkbox"/> Not reactive <input type="checkbox"/> Fixed		

Monitor Strip

## Lakes Region General Hospital - Emergency Department

80 Highland Street, Laconia, NH. 03246

(603) 524-3211

Patient: Laurie Gilbert, Date: 08/31/2004 Time: 05:11

## Discharge Instructions

**IMPORTANT:** We examined and treated you today on an emergency basis only. This was not a substitute for, or an effort to provide, complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or X-rays, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You were treated today by ANDREW KANE, MD.

**THIS INFORMATION IS ABOUT YOUR FOLLOW UP CARE**

Arrangements have been made for you to have the following Community Service: Dental Resource Center. You can reach them at (603)527-7112, 29 Elliot Street, Laconia, NH, 03246. If this Service has not contacted you within 1-3 days, please call them.

**THIS INFORMATION IS ABOUT YOUR DIAGNOSIS****TOOTHACHE.**

Tooth pain can be caused from abscesses (pockets of infection), cracks in the tooth or soreness in the gums (gingivitis). Whatever the cause, the best person to treat your problem is a dentist.

**Do the following:**

- Make an appointment to see your dentist as soon as possible.
- Avoid **very hot** or **very cold** foods because they may increase your pain.
- Take your medicine **exactly as prescribed**.

**Call your dentist if you have:**

- increased pain.
- swelling or bleeding in your mouth.
- any new or severe symptoms.

**THIS INFORMATION IS ABOUT YOUR MEDICINE**

**\*BE SURE TO FOLLOW YOUR PHARMACIST'S INSTRUCTIONS AS THEY MAY VARY FROM THE INSTRUCTIONS BELOW\***

**PROPOXYPHENE & ACETAMINOPHEN** (Darvocet, Wygesic, others).

Take this medicine by mouth in the following dose: 1-2 tablets every 6 hours if needed for pain.

This is a strong pain reliever. Side effects may include: sleepiness, upset stomach, constipation (hard stools) or dizziness. Allergy would show up as: **rash or itching, wheezing or shortness of breath**. This medicine can be habit forming if taken for a long period of time.

**Follow these instructions:**

- Take this medicine **with food** to avoid an upset stomach.
- Sit or stand **slowly** to avoid dizziness.
- Talk to your doctor **before** taking other medicines (including over-the-counter medicines).
- Store this medicine away from heat, moisture or direct light.
- Watch for signs of dependence. They include:
  - feeling that you "cannot live without this medicine".
  - you need more of this medicine than before to get the same relief.
- Do not drink alcohol, drive or operate machinery while taking this medicine.

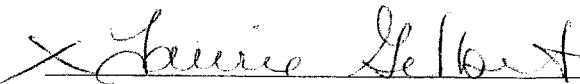
**Call your doctor if you have:**

- any sign of allergy.
- any sign of dependence.
- any new or severe symptoms.

**YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.**

Follow the above instructions carefully. Take your medicines as prescribed. Most important, see a doctor again as discussed. If you have problems that we have not discussed, **call or visit your doctor right away**. If you cannot reach your doctor, return to the Emergency Department.

"I have received this information and my questions have been answered. I have discussed any challenges I see with this plan with the nurse or physician."



Laurie Gilbert or Responsible Person

Laurie Gilbert or Responsible Person has received this information and tells me that all questions have been answered.

RN Staff Signature \_\_\_\_\_

**LRGHealthcare**  
**EMERGENCY DEPARTMENT RECORD**

PATIENT NAME \_\_\_\_\_

Acct# 907351175 MRN# 76936

Date \_\_\_\_\_

GILBERT, LAURIE J

PCP \_\_\_\_\_

10 RANGE RD

BELMONT, NH 03220

HIC#

Adm:08/31/04

Triage Time: 0435	Time to Room: 0443	Acuity Level: IV	Condition on Arrival: Stable	Mode of Arrival: <input checked="" type="checkbox"/> Ambulatory <input type="checkbox"/> W/C <input type="checkbox"/> Carried <input type="checkbox"/> Ambulance
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Chief Complaint: Dental pain x 6 days. Saw dentist yesterday stable  
exacerbated which made her nausea started pc 6 days from

ALLERGIES (Meds., Food, Environmental): CodeneLatex Allergy  Yes  No Exposure to infectious disease  Yes  NoPMHX: NoneCurrent Medications (Dose & Frequency): PCP pcp - Since 6 days.Time T 36° P 81 R 24 BP 110/50 SpO2 96% Pain Level 0-10 Crying 10%Is there anyone in your home being Hurt, Hit, Threatened, Frightened or Neglected?  Yes  NoHigh Risk Fall?  Yes  NoSafety per LRGH Smoker  Yes  No PPD 1LMP 7/0Tetanus 1Immunizations UTD 1Weight 1EMS Service NoneTx:  Blood Drawn  C-Collar  IV Meds  Monitor  Splint O2  BB  Other

## ASSESSMENT

Triage Sig: NoneTeam Members: None

CHEST ASSESSMENTS <input type="checkbox"/> N/A		SKIN <input type="checkbox"/> N/A	MUSCULAR SKELETAL <input type="checkbox"/> N/A	NEUROLOGICAL <input type="checkbox"/> N/A
R	L	<input type="checkbox"/> Warm <input type="checkbox"/> Ashen <input type="checkbox"/> Cool <input type="checkbox"/> Mottled <input type="checkbox"/> Hot <input type="checkbox"/> Jaundice  <input type="checkbox"/> Dry <input type="checkbox"/> Cyanotic <input type="checkbox"/> Flaky <input type="checkbox"/> Diaphoretic <input type="checkbox"/> Moist <input type="checkbox"/> Pale Cap Fill <input type="checkbox"/> Flushed <input type="checkbox"/> Pink  <input type="checkbox"/> <2 Sec <input type="checkbox"/> Int. <u>1</u> <input type="checkbox"/> >2 Sec <input type="checkbox"/> Int. <u>1</u>	<input type="checkbox"/> Limited Movement of _____ <input type="checkbox"/> Pain _____ (0-10) <input type="checkbox"/> Swelling <input type="checkbox"/> Deformity <input type="checkbox"/> Rotation CSM <input type="checkbox"/> Intact <input type="checkbox"/> Compromised <u>Int. 1</u>	<input type="checkbox"/> Oriented <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Incomprehensible <input type="checkbox"/> Inappropriate <input type="checkbox"/> None  Eyes <input type="checkbox"/> Spontaneously <input type="checkbox"/> To Speech <input type="checkbox"/> To Pain <input type="checkbox"/> None  Behavior <input type="checkbox"/> Cooperative <input type="checkbox"/> Angry <input type="checkbox"/> Agitated <input type="checkbox"/> Uncooperative <input type="checkbox"/> Crying <input type="checkbox"/> Anxious <input type="checkbox"/> Combative <input type="checkbox"/> Depressed  Best Motor Response <input type="checkbox"/> obeys command <input type="checkbox"/> localized pain <input type="checkbox"/> Withdrawn <input type="checkbox"/> flexion to pain <input type="checkbox"/> Extension to pain <input type="checkbox"/> none  Pupils <input type="checkbox"/> peri size: _____ mm <input type="checkbox"/> brisk response <input type="checkbox"/> unequal <input type="checkbox"/> sluggish <input type="checkbox"/> not reactive <input type="checkbox"/> fixed
Clear <input type="checkbox"/> Rales <input type="checkbox"/> Rhonchi <input type="checkbox"/> Wheezes <input type="checkbox"/> Stridor <input type="checkbox"/> Absent <input type="checkbox"/>  Breathing <input type="checkbox"/> <input type="checkbox"/> Normal <input type="checkbox"/> SPO <sub>2</sub> : <u>On</u> <input type="checkbox"/> Labored <input type="checkbox"/> On <u>N/C</u> <input type="checkbox"/> Nasal Flaring <input type="checkbox"/> @ <u>Normal</u> <input type="checkbox"/> Expiratory grunt <input type="checkbox"/> NRB <u>Normal</u> <input type="checkbox"/> Retractions <input type="checkbox"/> NRB <u>Normal</u>  Chest Expansion <input type="checkbox"/> <input type="checkbox"/> Symmetrical <input type="checkbox"/> Asymmetrical <input type="checkbox"/>		<input type="checkbox"/> ABDOMEN <input type="checkbox"/> N/A Bowel sounds <input type="checkbox"/> Present <input type="checkbox"/> Absent Tenderness <input type="checkbox"/> LUQ <input type="checkbox"/> RUQ <input type="checkbox"/> LUQ <input type="checkbox"/> RLQ Appearance <input type="checkbox"/> Soft <input type="checkbox"/> Rigid <input type="checkbox"/> Distended  Last BM <input type="checkbox"/> Int. <u>1</u>	<input type="checkbox"/> INTEGUMENTARY <input type="checkbox"/> N/A <input type="checkbox"/> Integument intact <input type="checkbox"/> Avulsion <input type="checkbox"/> Laceration <input type="checkbox"/> Puncture wound(s) <u>Int. 1</u> <input type="checkbox"/> Abrasion <input type="checkbox"/> Int. <u>1</u>	<input type="checkbox"/> BLEEDING <input type="checkbox"/> N/A <input type="checkbox"/> None <input type="checkbox"/> Controlled <input type="checkbox"/> Non controlled <u>Int. 1</u>

Monitor Strip

## LAKES REGION GENERAL HOSPITAL LACONIA, N.H. 03246 EMERGENCY ROOM/WALK-IN CARE RECORD

PATIENT  
INS

ACCOUNT NUMBER 907351175	ADMIT DATE 08/31/2004	TIME 04:36	ACC. TIME	ACCIDENT DATE	S ER	TYPE OE	RACE C	CLERK MV	MEDICAL RECORD NO. 76936
BIRTHDATE 08/25/61	AGE 043Y	PRIMARY CARE PROVIDER NO PCP LISTED, NO PCP		MOA 1	FC SP	SMOKE Y	M/S M	SEX F	E.R. PHYSICIAN KANE, ANDREW
NAME & ADDRESS GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220			PHONE/SOC. SEC. NO. 603-524-6263			RELATIVE NAME & ADDRESS RINGER, MARY ELLEN 6 NANCY DR BELMONT, NH 03220			PHONE/REL. 603-528-4047 NATURAL CHIL
1 ,	2 ,	3 ,				GUARANTOR GILBERT, LAURIE J 10 RANGE RD BELMONT, NH 03220			PHONE/SOC. SEC. NO. 603-524-6263 002-58-9806

CHIEF COMPLAINT: (ACKNOWLEDGE) DENTAL PAIN					TIME	T	P	R	B/P	WT
<i>3 PA</i>										

ADV DIR N	REQU INFO N	CM REF N	PUB DIR Y	PUB CLERGY Y	ALLERGIES:					
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HISTORY - PAST MEDICAL			FAMILY			SOCIAL			CONSULT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<i>I have a very sensitive tooth and I am going to the dentist</i>									NAME _____
									TIME CALLED _____
									TIME ARRIVED _____

VIEW OF SYSTEMS: <input checked="" type="checkbox"/> BOX FOR <input type="checkbox"/> NORMAL <input type="checkbox"/> ABNORMAL		ALL OTHER SYSTEMS ARE NORMAL <input type="checkbox"/>								
LA	N A	N A	N A	N A	N A	N A	N A	N A	N A	
<input type="checkbox"/> GENERAL SYMPTOMS	<input type="checkbox"/> CARDIOVASCULAR	<input type="checkbox"/> NEUROLOGIC	<input type="checkbox"/> HEMA/LYMPH	<input type="checkbox"/> ALLER/IMMUN						
<input type="checkbox"/> EYES	<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> MUSCULOSKEL	<input type="checkbox"/> PSYCHIATRIC	<input type="checkbox"/> G.U.						
<input type="checkbox"/> ENT	<input type="checkbox"/> GASTROINTEST	<input type="checkbox"/> SKIN/INTEGUM	<input type="checkbox"/> ENDOCRINE							

STATE REASON IF UNABLE TO DO COMPLETE ROS OR PAST, FAM, SOC. HIST.-LEVEL 5 ONLY

LRGH CONFIDENTIAL REPORT  
REDISCLOSURE OR USE OF  
REPORT FOR OTHER THAN  
STATED PURPOSE IS PROHIBITED  
DESTRUCTION REQUIRED WHEN  
STATED NEED IS FULFILLED

ASSESSMENT/COMPLEXITY OF DECISION MAKING/RULE OUT:

FINAL DIAGNOSIS:

*Dental Pain*

PLAN/PROCEDURES:

Critical Care <input type="checkbox"/> Yes	Time _____	RADIO CONTROL/ACLS <input type="checkbox"/> Yes		Dictated <input checked="" type="checkbox"/>	Completed <input type="checkbox"/>
M.D. ORDERS					
<i>Danvoeet</i>		INIT	TIME	<i>XAP</i>	
		<i>t</i>	<i>so</i>		
				<i>7.</i>	
				<i>8.</i>	
				<i>9.</i>	
				<i>10.</i>	
				<i>11.</i>	
				<i>12.</i>	
INIT TIME					

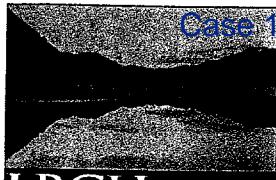
INSTRUCTIONS/EDUCATION/RX:

*1 adult 800 mg qid c1 Rite if wavy  
2 Per VH  
3 Ultracet 1-2 caps (if 12)  
4 Vi-c your mo*

HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INSTRUCTIONS

SIGNATURE: *X*MD SIGNATURE: *AB*

CHART / READ REVERSE



**LRGH** healthcare

80 Highland Street  
Laconia, NH 03246

## **EMERGENCY ROOM RECORD**

PATIENT NAME:	Gilbert, Laurie J
MEDICAL RECORD NO:	076936
ACCOUNT NO:	907351175
BIRTH DATE:	08/25/1961
PHYSICIAN:	Andrew Kane, MD
DATE:	08/31/2004

**HISTORY OF PRESENT ILLNESS:** This 43 year old female presents secondary to dental pain. The patient states she had a tooth extraction about a week ago. She states she now has dry socket. She has had no fever, she has had no chills, she has had no myalgias or arthralgias.

**PAST MEDICAL HISTORY:** Otherwise unremarkable.

**MEDICATIONS:** None.

**ALLERGIES:** Codeine.

**PHYSICAL EXAMINATION:** Afebrile, vital signs normal.

**SKIN:** Clear.

**HEENT:** Oropharynx - tooth extraction site is noted. No bleeding, no swelling, no drainage.

**ASSESSMENT:** Dental pain.

**TREATMENT:** The patient is recommended Ultracet 1-2 q.6.h. As this is not available in the hospital she is given three Darvocet to go. She is recommended followup with Dr. Kenneth Finn. Return if fevers, chills, or worsening symptoms.

Andrew Kane, MD

D: 08/31/2004  
T: 09/01/2004 4:36 P  
med/632995

**ORIGINAL**

Gilbert, Laurie J  
Page 2 of 2  
Andrew Kane, MD

CC:

**ORIGINAL**